WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7

SEP 11 1934

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

28265

1. PLACE OF DEATH

County Bates — Registration District No. 50 — File No. [illegible]

Township Mt Pleasant — Primary Registration District No. 5074 — Registered No. 59

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Jane Blevins

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1934

7. AGE YEARS 89 MONTHS 11 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 34

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 19

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME George Tracy.

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER

15. MAIDEN NAME Annie J. Tutor.

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. J. S. West Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence DATE Aug 14 1934

19. UNDERTAKER (ADDRESS) Cuclaus Butler, Mo.

20. FILED Aug 13 1934 Nina L Culver Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 12, 1934

I last saw her alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heat Exhaustion | |
| Chr. Myocarditis | |
| | 30 |

Other contributory causes of importance:

Chr. Myocarditis

191

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carter W. Luter, M. D.

(Address) Butler, Mo.